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DRAFT FINAL DOCUMENT OF THE CONFERENCE

Population distribution, urbanization and internal migration

(Chapter IX of the draft programme of action
of the Conference)

Text submitted by the Chairman, Mr. Nicolaas Biegman
(Netherlands) (Working Group II), on the basis of
negotiations held on document A/CONF.171/PC/5

Chapter IX

POPULATION DISTRIBUTION, URBANIZATION AND INTERNAL MIGRATION

A. Population distribution and sustainable development

Basis for action

9.1. In the early 1990s, approximately half of the Governments in the world, mostly those of developing countries, considered the patterns of population distribution in their territories to be unsatisfactory and wished to modify them. A key issue was the rapid growth of urban areas, which are expected to house more than half of the world population by 2005. Consequently, attention has mostly been paid to rural-urban migration, although rural-rural and urban-urban migration are in fact the dominant forms of spatial mobility in many countries. The process of urbanization is an intrinsic dimension of economic and social development and, in consequence, both developed and developing countries are going through the process of shifting from predominantly rural to predominantly urban societies. For individuals, migration is often a rational and dynamic effort to seek new opportunities in life. Cities are centres of economic growth, providing the impetus for socio-economic innovation and change. However, migration is also prompted by push factors, such as inequitable allocation of development resources, adoption of inappropriate technologies and lack of access to available land. The alarming consequences of urbanization visible in many countries are related to its rapid pace, to which Governments have been unable to respond with their current management capacities and practices. Even in developing countries, however, there are already signs of a changing pattern of population distribution, in the sense that the trend towards concentration in a few large cities is giving way to a more widespread distribution in medium-sized urban centres. This movement is also found in some developed countries, with people indicating preference for living in smaller places. Effective population distribution policies are those that, while respecting the right of individuals to live and work in the community of their choice, take into account the effects of development strategies on population distribution. Urbanization has profound implications for individuals' livelihood, way of life and values. At the same time, migration has economic, social and environmental implications - both positive and negative - for the places of origin and destination.

Objectives

9.2. The objectives are:

(a) To foster a more balanced spatial distribution of the population by promoting in an integrated manner the equitable and ecologically sustainable development of major sending and receiving areas, with particular emphasis on the promotion of economic, social and gender equity based on respect for human rights, especially the right to development;

(b) To reduce the role of the various push factors as they relate to migration flows.

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Actions

9.3. Governments formulating population distribution policies should ensure that the objectives and goals of those policies are consistent with other development goals, policies, and basic human rights. Governments, assisted by interested local, regional and intergovernmental agencies, should assess on a regular basis how the consequences of their economic and environmental policies, sectoral priorities, infrastructure investment, and balance of resources among regional, central, provincial and local authorities influence population distribution and internal migration, both permanent and temporary.

9.4. In order to achieve a balanced spatial distribution of production employment and population, countries should adopt sustainable regional development strategies and strategies for the encouragement of urban consolidation, the growth of small or medium-sized urban centres and the sustainable development of rural areas, including the adoption of labour-intensive projects, training for non-farming jobs for youth and effective transport and communication systems. To create an enabling context for local development, including the provision of services, Governments should consider decentralizing their administrative systems. This also involves giving expenditure responsibility and the right to raise revenue to regional, district and local authorities. While vast improvements to the urban infrastructure and environmental strategies are essential in many developing countries to provide a healthy environment for urban residents, similar activities should also be pursued in rural areas.

9.4.bis To reduce urban bias and isolated rural development, Governments should examine the feasibility of providing incentives to encourage the redistribution and relocation of industries and businesses from urban to rural areas and to encourage the establishment of new businesses, industrial units and income-generating projects in the rural areas.

9.5. Governments wishing to create alternatives to out-migration from rural areas should establish the preconditions for development in rural areas, actively support access to land ownership or use and access to water resources, especially for family units, make and encourage investments to enhance rural productivity, improve rural infrastructure and social services and facilitate the establishment of credit, production and marketing cooperatives and other grass-roots organizations that give people greater control over resources and improve their livelihoods. Particular attention is needed to ensure that these opportunities are also made available to migrants' families remaining in the areas of origin.

9.5.bis Governments should pursue development strategies offering tangible benefits to investors in rural areas and to rural producers. Governments should also seek to reduce restrictions on international trade in agricultural products.

9.5.ter Governments should strengthen their capacities to respond to the pressures caused by rapid urbanization by revising and reorienting the agencies and mechanisms for urban management as necessary and ensuring the wide participation of all population groups in planning and decision-making on local

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development. Particular attention should be paid to land management in order to ensure economical land use, protect fragile ecosystems and facilitate the access of the poor to land in both urban and rural areas.

9.6. Countries are urged to recognize that the lands of indigenous people and their communities should be protected from activities that are environmentally unsound or that the indigenous people concerned consider to be socially and culturally inappropriate. The term "lands" is understood to include the environment of the areas which the people concerned traditionally occupy.

9.7. Countries should increase information and training on conservation practices and foster the creation of sustainable off-farm rural employment opportunities in order to limit the further expansion of human settlements to areas with fragile ecosystems.

[9.7.bis Population distribution policies must be consistent with such international instruments as the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War (1949), wherein Article 49 prohibits individual or mass forcible transfers from an occupied territory and forbids the occupier from transferring parts of its own population into the territory it occupies.]

B. Population growth in large urban agglomerations

Basis for action

9.8. In many countries, the urban system is characterized by the overwhelming preponderance of a single major city or agglomeration. The tendency towards population concentration, fostered by the concentration of public and private resources in some cities, has also contributed to the rising number and size of mega-cities. In 1992, there were 13 cities with at least 10 million inhabitants and their number is expected to double by 2010, when most mega-cities will be located in the developing countries. The continued concentration of population in primate cities and in mega-cities in particular poses specific economic, social and environmental challenges for Governments. Yet, large agglomerations also represent the most dynamic centres of economic and cultural activity in many countries. It is therefore essential that the specific problems of large cities be analysed and addressed, in full awareness of the positive contribution that large cities make to national economic and social development. The challenges faced by cities are often exacerbated by weak management capacities at the local level to address the consequences of population concentration, socio-economic development, environmental impacts and their interrelations.

Objective

9.9. The objective is to enhance the management of urban agglomerations through more participatory and resource-conscious planning and management, review and revise the policies and mechanisms that contribute to the excessive concentration of population in large cities, and improve the security and quality of life of both rural and urban low-income residents.

Actions

9.10. Governments should increase the capacity and competence of city and municipal authorities to manage urban development, to safeguard the environment, to respond to the needs of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate health and social problems, including problems of drugs and criminality, and problems resulting from overcrowding and disasters, and to provide people with alternatives to living in areas prone to natural and man-made disasters.

9.11. In order to improve the plight of the urban poor, many of whom work in the informal sector of the economy, Governments are urged to promote the integration of migrants from rural areas and to develop and improve their income-earning capability by facilitating their access to employment, credit, production, marketing opportunities, basic education, health services, vocational training and transportation, with special attention to the situation of women workers and women heads of households. Child-care centres should be established, and special protection and rehabilitation programmes should be established for street children.

9.12. To finance the needed infrastructure and services in a balanced manner, taking into account the interests of the poor segments of society, local and national government agencies should consider introducing equitable cost-recovery schemes and increasing revenues by appropriate measures.

9.12.bis Governments should strengthen the capacity for land management, including urban planning at all levels in order to take into account demographic trends and encourage the search for innovative approaches to address the challenges facing cities, with special attention to the pressures and needs resulting from the growth of their populations.

9.12.ter Governments should promote the development and implementation of effective environmental management strategies for urban agglomerations, giving special attention to water, waste and air management, as well as to environmentally sound energy and transport systems.

C. Internally displaced persons

Basis for action

9.13. During the past decade, awareness about the situation of persons who are forced to leave their places of usual residence for a variety of reasons has been rising. Because there is no single definition of internally displaced persons, estimates of their number vary, as do the causes for their migration. However, it is generally accepted that those causes range from environmental degradation to natural disasters and internal conflicts that destroy human settlements and force people to flee from one area of the country to another. Indigenous people in particular are in many cases subject to displacement. Given the forced nature of their movement, internally displaced persons often find themselves in particularly vulnerable situations, especially women who may be subjected to rape and sexual assault in situations of armed conflict.

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Internal displacement is often a precursor to outflows of refugees and externally displaced persons. Returning refugees may also be internally displaced.

Objective

9.14. The objectives are:

(a) To offer adequate protection and assistance to persons displaced within their country, particularly women, children and the elderly, who are the most vulnerable, and to find solutions to the root causes of their displacement in view of preventing it and, when appropriate, to facilitate return or resettlement;

(b) To put an end to all forms of forced migration, including "ethnic cleansing".

Actions

9.15. Countries should address the causes of internal displacement, including environmental degradation, natural disasters, armed conflict and forced resettlement, and establish the necessary mechanisms to protect and assist displaced persons, including, where possible, compensation for damages, especially those who are not able to return to their normal place of residence in the short term. Adequate capacities for disaster preparedness should be developed. The United Nations, through dialogue with Governments and all intergovernmental and non-governmental organizations, is encouraged to continue to review the need for protection and assistance to internally displaced persons, the root causes of internal displacement, prevention and long-term solutions, taking into account specific situations.

9.16. Measures should be taken to ensure that internally displaced persons receive basic education, employment opportunities, vocational training and basic health-care services, including [reproductive health services and family planning].

9.17. In order to reverse declining environmental quality and minimize conflict over access to grazing land, the modernization of the pastoralist economic system should be pursued, with assistance provided as necessary through bilateral and multilateral arrangements.

9.17.bis Governments, international organizations and non-governmental organizations are encouraged to strengthen development assistance for internally displaced persons so that they can return to their places of origin.

[9.18. Measures should be taken, nationally and internationally, to find lasting solutions to questions related to internally displaced persons, including their right to voluntary and safe return to their home of origin.]



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National action

(Chapter XIII of the draft programme of action of
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Text submitted by the Vice-Chairman, Mr. Lionel Hurst (Antigua
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Chapter XIII

NATIONAL ACTION

A. National policies and plans of action

Basis for action

13.1. During the past few decades, considerable experience has been gained around the world on how government policies and programmes can be designed and implemented to address population and development concerns, enhance the choices of people and contribute to broad social progress. As is the case with other social development programmes, experience has also shown that, in instances where the leadership is strongly committed to economic growth, human resource development, gender equity and meeting the health and [in particular the (sexual and) reproductive health] needs of the population, [including family planning,] countries have been able to mobilize sustained commitment at all levels to make population and development programmes and projects successful.

13.2. While such success can be facilitated by developments in the overall social and economic context, and by success in other development efforts, population and development are intrinsically interrelated and progress in any component can catalyse improvement in others. The many facets of population relate to many facets of development. There is increased recognition of the need for countries to consider migration impacts, internal and international, in developing their relevant policies and programmes. There is also growing recognition that population-related policies, programmes and projects, to be sustainable, need to engage their intended beneficiaries fully in their design and subsequent implementation.

13.3. The role of non-governmental organizations as partners in national policies and programmes is increasingly recognized, as is the important role of the private sector. Members of national legislatures can have a major role to play, especially in enacting appropriate domestic legislation for implementing the present Programme of Action, allocating appropriate financial resources, ensuring accountability of expenditure and raising public awareness of population issues.

Objectives

13.4. The objectives are:

(a) To incorporate population concerns in all relevant national development strategies, plans, policies and programmes;

(b) To foster active involvement of elected representatives of people, particularly parliamentarians, concerned groups, especially at the grass-roots level, and individuals, in formulating, implementing, monitoring and evaluating strategies, plans, policies and programmes in the field of population and development.

Actions

13.5. Governments, with the active involvement of parliamentarians, locally elected bodies, communities, the private sector, non-governmental organizations and women's groups, should work to increase awareness of population and development issues and formulate, implement and evaluate national strategies, plans, policies, programmes and projects that address population and development issues, including migration, as integral parts of their sectoral, intersectoral and overall development planning and implementation process. They should also promote and work to ensure adequate human resources and institutions to coordinate and carry out the planning, implementation, monitoring and evaluation of population and development activities.

13.6. Governments and parliamentarians, in collaboration with the international community and non-governmental organizations, should make the necessary plans in accordance with national concerns and priorities and take the actions required to measure, assess, monitor and evaluate progress towards meeting the goals of the present Programme of Action. In this connection, the active participation of the private sector and the research community is to be encouraged.

B. Programme management and human resource development

Basis for action

13.7. Building the capacity and self-reliance of countries to undertake concerted national action to promote sustained economic growth, further sustainable national development and to improve the quality of life for the people is a fundamental goal. This requires the retention, motivation and participation of appropriately trained personnel working within effective institutional arrangements, as well as relevant involvement by the private sector and non-governmental organizations. The lack of adequate management skills, particularly in the least developed countries, critically reduces the ability for strategic planning, weakens programme execution, lessens the quality of services and thus diminishes the usefulness of programmes to their beneficiaries. The recent trend towards decentralization of authority in national population and development programmes, particularly in government programmes, significantly increases the requirement for trained staff to meet new or expanded responsibilities at the lower administrative levels. It also modifies the "skill mix" required in central institutions, with policy analysis, evaluation and strategic planning having higher priority than previously.

Objectives

13.8. The objectives are:

(a) To improve national capacities and the cost-effectiveness, quality and impact of national population and development strategies, plans, policies and programmes while ensuring their accountability to all persons served, in particular the most vulnerable and disadvantaged groups in society;

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(b) To facilitate and accelerate the collection, analysis and flow of data and information between actors in national population and development programmes in order to enhance the formulation of strategies, plans, policies, and programmes and monitor and evaluate their implementation and impact;

(c) To increase the skill level and accountability of managers and others involved in the implementation, monitoring and evaluation of national population and development strategies, plans, policies and programmes;

(d) To incorporate user and gender perspectives in training programmes and ensure the availability, motivation and retention of appropriately trained personnel, including women, for the formulation, implementation, monitoring and evaluation of national population and development strategies, plans, policies and programmes.

Actions

13.9. Countries should:

(a) Formulate and implement human resource development programmes in a manner that explicitly addresses the needs of population and development strategies, plans, policies and programmes, giving special consideration to the basic education, training and employment of women at all levels, especially at decision-making and managerial levels, and to the incorporation of user and gender perspectives throughout the training programmes;

(b) Ensure the nation-wide and efficient placement of trained personnel managing population and development strategies, plans, policies and programmes;

(c) Continuously upgrade the management skills of service delivery personnel to enhance the cost-effectiveness, efficiency and impact of the social services sector, including [family planning and sexual and reproductive health programmes];

(d) Rationalize remuneration and related matters, terms and conditions of service to ensure equal pay for equal work by women and men and the retention and advancement of managerial and technical personnel involved in population and development programmes, and thereby improve national execution of these programmes;

(e) Establish innovative mechanisms to promote experience-sharing in population and development programme management within and among countries at subregional, regional, interregional and international levels in order to foster relevant national expertise;

(f) Develop and maintain databases of national experts and institutions of excellence in order to foster the use of national competence, giving special consideration to the inclusion of women and youth;

(g) Ensure effective communication with, and the involvement of, programme beneficiaries at all levels, in particular at rural levels, in order to ensure better overall programme management.

13.10. Governments should give special attention to the development and implementation of client-centred management information systems for population and development, [and particularly for sexual and reproductive health, including family-planning programmes], covering both governmental and non-governmental activities and containing regularly updated data on clientele, expenditures, infrastructure, service accessibility, output and quality of services.

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International cooperation

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Text submitted by the Vice-Chairman (Mr. Lionel Hurst (Antigua
and Barbuda)) (Working Group I), on the basis of negotiations
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Chapter XIV

INTERNATIONAL COOPERATION

A. Responsibilities of partners in development

Basis for action

14.1. International cooperation has been proved to be essential for the implementation of population and development programmes during the past two decades. The number of financial donors has steadily increased and the profile of the donor community has increasingly been shaped by the growing presence of non-governmental and private-sector organizations. Numerous experiences of successful cooperation between developing countries have dispelled the stereotyped view of donors being exclusively developed countries. Donor partnerships have become more prevalent in a variety of configurations, so that it is no longer unusual to find Governments and multilateral organizations working closely together with national and international non-governmental organizations and segments of the private sector. This evolution of international cooperation in population and development activities reflects the considerable changes that have taken place during the past two decades, particularly with the greater awareness of the magnitude, diversity and urgency of unmet needs. Countries that formerly attached minimal importance to population issues now recognizes them at the core of their development challenge. International migration and AIDS, for instance, formerly matters of marginal concern to a few countries, are currently high-priority issues in a large number of countries.

14.2. The maturing process undergone by international cooperation in the field of population and development has accentuated a number of difficulties and shortcomings that need to be addressed. For instance, the expanding number and configuration of development partners subjects both recipients and donors to increasing pressures to decide among a multitude of competing development priorities, a task which recipient Governments in particular may find exceedingly difficult to carry out. Lack of adequate financial resources and effective coordination mechanisms have been found to result in unnecessary duplication of efforts and lack of programme congruency. Sudden shifts in the development policies of donors may cause disruptions of programme activities across the world. Re-establishing and adhering to national priorities requires a new clarification of, and commitment to, reciprocal responsibilities among development partners.

Objectives

14.3. The objectives are:

(a) To ensure that international cooperation in the area of population and development is consistent with national population and development priorities centred on the well-being of intended beneficiaries and serves to promote national capacity-building and self-reliance;

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[(a) bis To ensure that developed countries adopt favourable macroeconomic policies for promoting sustained economic growth and development in developing countries;]

(b) To clarify the reciprocal responsibilities of development partners and improve coordination of their efforts;

(c) To develop long-term joint programmes between recipient countries and between recipient and donor countries;

(d) To improve and strengthen policy dialogue and coordination of population and development programmes and activities at the international level, including bilateral and multilateral agencies;

(e) To ensure that all population and development programmes adhere to human rights standards recognized by the international community and the present Programme of Action and adhere to the specific conditions of each country.

Actions

14.4. At the programme level, national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries must be core objectives and central activities for international cooperation with developing countries, including countries with economies in transition. In this respect, important elements are to find accessible ways to meet the large commodity needs, [including information and education] of family-planning programmes, through the local production of contraceptives of assured quality and affordability, for which technology cooperation, joint ventures and other forms of technical assistance should be encouraged.

14.5. The international community should promote a supportive economic environment by adopting favourable macroeconomic policies for promoting sustained economic growth and development.

14.6. Governments should ensure that national development plans take note of anticipated international funding and cooperation in their population and development programmes including loans from international financial institutions, particularly with respect to national capacity-building. [, technology cooperation and transfer of appropriate technology. [which should be provided on favourable terms, including on concessional and preferential terms, as mutually agreed, taking into account the need to protect international property rights, as well as the special needs of developing countries.]]

14.7. Recipient Governments should strengthen their national coordination mechanisms for international cooperation in population and development and in consultations with donors clarify the responsibilities assigned to various types of development partners, including intergovernmental and international non-governmental organizations, based on careful consideration of their comparative advantages in the context of national development priorities and of their ability to interact with national development partners. The international community should assist recipient Governments to undertake these coordinating efforts.

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B. Towards a new commitment to funding population and development

Basis for action

14.8. There is a strong consensus on the need to mobilize significant additional financial resources from both the international community and within developing countries and countries with economies in transition for national population programmes in support of sustainable development. The Amsterdam Declaration on a Better Life for Future Generations, adopted at the International Forum on Population in the Twenty-first Century, held at Amsterdam in 1989, called upon Governments to double the total global expenditures in population programmes (and donors to increase their contribution from 1.34 per cent of ODA to 4 per cent), in order to meet the needs of millions of people in developing countries in the fields of family planning and other population activities by the year 2000. However, since then, international resources for population activities have come under severe pressure, owing to the prolonged economic recession in traditional donor countries. Also, developing countries face increasing difficulties in allocating sufficient funds for their population and related programmes. Additional resources are urgently required to better identify and satisfy unmet needs in issues related to population and development, including sexual and reproductive health care and family-planning information and services, as well as to respond to future increases in demand, to keep pace with the growing demands that need to be served, and to improve the scope and quality of programmes.

14.9. To assist the implementation of population and sexual and reproductive health care including family planning programmes, financial and technical assistance from bilateral and multilateral agencies have been provided to the national and subnational agencies involved. As some of these began to be successful, it became desirable for countries to learn from each other's experiences, through a number of different modalities (e.g. long- and short-term training programmes, observation study tours, consultant services).

Objectives

14.10. The objectives are:

(a) To increase substantially the availability of international financial assistance in the field of population and development in order to enable developing countries and countries with economies in transition to achieve the goals of the present Programme of Action as they pursue their self-reliant and capacity-building efforts;

(b) To increase the commitment to, and the stability of international financial assistance in the field of population and development by diversifying the sources of contributions, while ensuring no reduction in the resources available for other development areas. Additional resources should be made available for short-term assistance to the countries with economies in transition;

(c) To increase international financial assistance to direct South-South cooperation and to facilitate financing procedures for direct South-South cooperation.

Actions

14.11. The international community should strive for the fulfilment of the agreed target of 0.7 per cent of GNP for overall ODA and endeavour to increase the share of funding for population and development programmes commensurate with the scope and scale of activities required to achieve the objectives and goals of the present Programme of Action. A crucially urgent challenge to the international donor community is therefore the translation of their commitment to the objectives and quantitative goals of the present Programme of Action into commensurate financial contributions to population programmes in developing countries and countries with economies in transition. Given the magnitude of the financial resource needs for national population and development programmes [as identified in chapter XIII], and assuming that recipient countries will be able to generate sufficient increases in domestically generated resources, the need for complementary resource flows from donor countries would be (in 1993 US dollars): [\$5.7 billion in 2000; \$6.1 billion in 2005; \$6.8 billion in 2010; and \$7.2 billion in 2015.] Donor agencies and the recipient Governments concerned are further invited to devote at least 20 per cent of ODA funds to the social sectors, including the requirements mentioned above, along with a similar level of domestic expenditure.

14.12. Recipient countries should ensure that international assistance is used effectively to meet national population and development objectives so as to assist donors to secure commitment to further resources for programmes.

14.13. UNFPA, other United Nations organizations, multilateral financial institutions, regional banks and bilateral financial sources are invited to consult with a view to coordinating their financing policies and planning procedures to improve the impact, complementarity and cost-effectiveness of their contributions to the achievement of the developing countries population programmes.

14.14. Criteria for allocation of external financial resources for population activities in developing countries should include:

Coherent national programmes, plans strategies on population;

The recognized priority to the least developed countries;

The need to complement national financial efforts on population;

The need to avoid obstacles to, or reversal of, progress achieved thus far;

Problems of significant social sectors and areas that are not reflected in national average indicators.

14.15. In devising the appropriate balance between funding sources, more attention should be given to South-South cooperation as well as to new ways of mobilizing private contributions, particularly in partnership with non-governmental organizations. The international community should urge donor agencies to improve and modify their funding procedures in order to facilitate and give higher priority to supporting direct South-South collaborative arrangements.

14.16. International financial institutions are encouraged to increase their financial assistance, particularly in population and sexual and reproductive health and family planning.



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Population and development information, education and communication

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Chapter XI

POPULATION AND DEVELOPMENT INFORMATION, EDUCATION AND COMMUNICATION

Basis for action

11.1. Greater public knowledge, understanding and commitment at all levels, from the individual to the international, are vital to the achievement of the goals and objectives of the present programme of action. In all countries and among all groups, therefore, information, education and communication activities concerning population and sustainable development issues must be strengthened. This includes the establishment of gender- and culturally sensitive information, education and communication plans and strategies related to population and development. At the national level, more adequate and appropriate information enables planners and policy makers to make more appropriate plans and decisions in relation to population and sustainable development. At the most basic level, more adequate and appropriate information enables [families], [couples and individuals] ALTERNATIVE WORDING [women and men have the same rights] to make informed, responsible decisions affecting their own health, [sexual and reproductive behaviour], family life, and patterns of production and consumption. In addition, more and better information about the causes and benefits of migration can create a more positive environment for societies to address and respond to migration challenges.

11.2. Effective information, education and communication are prerequisites for sustainable human development and pave the way for attitudinal and behavioural change. Indeed, this begins with the recognition that [families], [couples and individuals] ALTERNATIVE WORDING [women and men have the same rights] have the right and duty to make informed, free and responsible decisions on the number and spacing of their children and in all other aspects of daily life, [including sexual and reproductive behaviour]. Greater public knowledge and commitment in a democratic setting create a climate conducive to responsible and informed decisions and behaviour. Most importantly, they also pave the way for democratic public discussion and thereby make possible strong political commitment and popular support for needed action at the local, national and international levels.

11.3. Effective information, education and communication activities include a range of communication channels, from the most intimate levels of interpersonal communication to formal school curricula, from traditional folk arts to modern mass entertainment, and from seminars for local community leaders to coverage of global issues by the national and international news media. Multichannel approaches are usually more effective than any single communication channel. All these channels of communication have an important role to play in promoting an understanding of the interrelationships between population and sustainable development. Schools and religious institutions, taking into account their values and teachings, may be important vehicles in all countries for instilling gender and racial sensitivity, respect, tolerance and equity, family responsibility and other important attitudes at all ages. Effective networks also exist in many countries for non-formal education on population and

sustainable development issues through the workplace, health facilities, trade unions, community centres, youth groups, religious institutions, women's organizations and other non-governmental organizations. Such issues may also be included in more structured adult education, vocational training and literacy programmes, particularly for women. These networks are critical to reaching the entire population, especially men, adolescents and young couples.

Parliamentarians, teachers, religious and other community leaders, traditional healers, health professionals, parents and older relatives are influential in forming public opinion and should be consulted during the preparation of information, education and communication activities. The media also offer many potentially powerful role models.

11.4. Current information, education and communication technologies such as global interlinked telephone, television and data transmission networks, compact discs and new multimedia technologies can help bridge the geographical, social and economic gaps that currently exist in access to information around the world. They can help ensure that the vast majority of the world's people are involved in debates at the local, national and global levels about demographic changes and sustainable human development, economic and social inequities, the importance of empowering women [sexual and reproductive health and family planning], health promotion, ageing populations, rapid urbanization and migration. Greater public involvement of national authorities and the community ensure the widespread diffusion of such technologies and the freer flow of information within and between countries. It is essential that parliaments have full access to the information necessary for decision-making.

Objectives

11.5. The objectives are:

(a) To increase awareness, knowledge, understanding and commitment at all levels of society so that families, couples, individuals, opinion and community leaders, non-governmental organizations, policy makers, Governments and the international community appreciate the significance and relevance of population-related issues and will take the responsible actions necessary to address such issues within the context of sustained economic growth and sustainable development;

(b) To encourage attitudes in favour of responsible behaviour in population and development, especially in areas such as environment, family, sexuality, [reproduction] gender and racial sensitivity;

(c) To ensure political commitment to population and development issues by national Governments in order to promote participation at all levels from both the public and private sectors in the design, implementation and monitoring of population and development policies and programmes;

(d) To enhance the ability of [families, couples and individuals] to make and implement free, informed and responsible [reproductive choices].

ALTERNATIVE (d) [Women and men have the same right to decide freely and responsibly on the number and spacing of their children.]

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Actions

11.6. Information, education and communication efforts should raise awareness through public education campaigns on priority issues such as: [safe motherhood], [sexual and reproductive health and rights], maternal and child health [and family planning], discrimination against and valorization of the girl child and persons with disabilities; child abuse; violence against women; male responsibility; gender equality; sexually transmitted diseases and HIV/AIDS; responsible sexual behaviour; teenage pregnancy; racism and xenophobia; ageing populations; and unsustainable consumption and production patterns.

11.7. Elected representatives at all levels, the scientific community, religious, political and traditional leaders, non-governmental organizations, parents' associations, social workers, women's groups, the private sector, communication specialists of recognized morality and others in influential positions should have access to information on population and sustainable development and related issues. They should promote understanding of the issues addressed in this programme of action and mobilize public opinion in support of the actions proposed.

11.8. Members of Parliament are invited to continue to promote wide awareness on issues related to population and sustainable development and to ensure the enactment of legislation necessary for effective implementation of the programme of action.

11.9. A coordinated strategic approach to information, education and communication should be adopted in order to maximize the impact of various information, education and communication activities, both modern and traditional, which may be undertaken on several fronts by various actors, and with diverse audiences. It is especially important that information, education and communication strategies be linked to, and complement, national population and development policies and strategies and a full range of services in [sexual and reproductive health and family planning] in order to enhance the use of those services and improve the quality of counselling and care.

11.10. Information, education and communication activities should rely on up-to-date research findings to determine information needs and the most effective culturally acceptable ways of reaching intended audiences. To that end, professionals experienced in the traditional and non-traditional media should be enlisted. The participation of the intended audiences in the design, implementation and monitoring of information, education and communication activities should be ensured so as to enhance the relevance and impact of those activities.

11.11. The interpersonal communication skills - in particular, motivational and counselling skills - of public, private and non-governmental organization service providers, community leaders, teachers, peer groups and others should be strengthened, whenever possible, to enhance interaction and quality assurance in the delivery of [family planning and sexual and reproductive health] services. Such communication should take into account [ethical values] and be free from coercion.

11.12. The tremendous potential of print, audiovisual and electronic media, including databases and networks such as the United Nations Population Information Network (POPIN), should be harnessed to disseminate technical information and to promote and strengthen understanding of the relationships between population, consumption, production and sustainable development.

11.13. Governments, non-governmental organizations and the private sector should make greater use of the entertainment media, including radio and television soap operas and drama, folk theater and other traditional media to encourage public discussion of important but sometimes sensitive topics related to the implementation of this programme of action. When the entertainment media - especially dramas - are used for advocacy purposes or to promote particular lifestyles, the public should be so informed, and in each case the identity of sponsors should be indicated in an appropriate manner.

11.14. Age-appropriate education, especially for adolescents, about the issues considered in this programme of action should begin in the home and community and continue through all levels and channels of formal and non-formal education, taking into account the rights and responsibilities of parents and the needs of adolescents. Where such education already exists, curricula and educational materials should be reviewed, updated and broadened with a view to ensuring adequate coverage of important population-related issues and to counteract myths and misconceptions on them. Where no such education exists, appropriate curricula and materials should be developed. To ensure acceptance, effectiveness and usefulness by the community, education projects should be based on the findings of socio-cultural studies and should involve the active participation of parents and families, women, youth, elders and community leaders.

11.15. (combination of 11.14 and 11.16.) Governments should give priority to the training and retention of information, education and communication specialists, especially teachers, and of all others involved in the planning, implementation, monitoring and evaluation of information, education and communication programmes. It is necessary to train specialists who can contribute to the important conceptual and methodological development of education concerning population and related issues. Therefore, systems for professional training should be created and strengthened with specializations that prepare them to work effectively with Governments and with non-governmental organizations active in this field. In addition, there should be greater collaboration between the academic community and other entities in order to strengthen conceptual and methodological work and research in this field.

11.17. To enhance solidarity and to sustain development assistance, all countries need to be continuously informed about population and development issues. Countries should establish population information centres, where appropriate, to facilitate the systematic collection, analysis and dissemination, and utilization of population-related information at the national and international levels, and networks should be established or strengthened at the national, subregional, regional and global levels to promote information and experience exchange.



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DRAFT FINAL DOCUMENT OF THE CONFERENCE

HEALTH, MORBIDITY AND MORTALITY

(Chapter VIII of the draft programme of action of the Conference)

Text submitted by the Vice-Chairman, Mr. Nicolaas Biegan
(Netherlands) (Working Group II), on the basis of
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Chapter VIII

HEALTH, MORBIDITY AND MORTALITY

A. Primary health care and the health-care sector

Basis for action

8.1. One of the main achievements of the twentieth century has been the unprecedented increase in human longevity. In the past half century, expectation of life at birth in the world as a whole has increased by about 20 years, and the risk of dying in the first year of life has been reduced by nearly two thirds. Nevertheless, these achievements fall short of the much greater improvements that had been anticipated in the World Population Plan of Action and the Declaration of Alma Ata, adopted by the International Conference on Primary Health Care in 1978. There remain entire national populations and sizeable population groups within many countries that are still subject to very high rates of morbidity and mortality. Differences linked to socio-economic status or ethnicity are often substantial. In many countries with economies in transition, the mortality rate has considerably increased as a result of deaths caused by accidents and violence.

8.2. The increases in life expectancy recorded in most regions of the world reflect significant gains in public health and in access to primary health-care services. Notable achievements include the vaccination of about 80 per cent of the children in the world and the widespread use of low-cost treatments, such as oral rehydration therapy, to ensure that more children survive. Yet these achievements have not been realized in all countries, and preventable or treatable illnesses are still the leading killers of young children. Moreover, large segments of many populations continue to lack access to clean water and sanitation facilities, are forced to live in congested conditions and lack adequate nutrition. Large numbers of people remain at continued risk of infectious and parasitic and water-borne diseases, such as tuberculosis, malaria and schistosomiasis. In addition, the health effects of environmental degradation and exposure to hazardous substances in the workplace are increasingly a cause of concern in many countries. Similarly, the growing consumption of tobacco, alcohol and drugs will precipitate a marked increase in costly chronic diseases among working age and elderly people. The impact of reductions in expenditures for health and other social services which have taken place in many countries as a result of public-sector retrenchment, misallocation of available health resources, structural adjustment and the transition to market economies has preempted significant changes in lifestyles, livelihoods and consumption patterns and is also a factor in increasing morbidity and mortality. Although economic reforms are essential to sustained economic growth, it is equally essential that the design and implementation of structural adjustment programmes incorporate the social dimension.

Objectives

8.3. The objectives are:

(a) To increase the accessibility, availability, acceptability and affordability of health care services and facilities to all people in accordance with national commitments to provide access to basic health care for all;

(b) To increase the healthy life-span and improve the quality of life of all people, and to reduce disparities in life expectancy between and within countries.

Actions

8.4. All countries should make access to basic health care and health promotion the central strategies for reducing mortality and morbidity. Sufficient resources should be assigned so that primary health services attain full coverage of the population. Governments should strengthen health and nutrition information, education and communication activities so as to enable people to increase their control over and improve their health. Governments should provide the necessary backup facilities to meet the demand created.

8.5. In keeping with the Declaration of Alma Ata, all countries should reduce mortality and morbidity and seek to make primary health care, including reproductive health care, available universally by the end of the current decade. [Countries should aim to achieve by 2005 a life expectancy at birth greater than 70 years and by 2015 a life expectancy at birth greater than 75 years. Countries with the highest levels of mortality should aim to achieve by 2005 a life expectancy at birth greater than 65 years and by 2015 a life expectancy at birth greater than 70 years.] Efforts to ensure a longer and healthier life for all should emphasize the reduction of morbidity and mortality differentials between males and females as well as among geographical regions, social classes and indigenous and ethnic groups.

8.6. The role of women as primary custodians of family health should be recognized and supported. Access to basic health care, expanded health education, the availability of simple cost-effective remedies, and the reappraisal of primary health-care services, including [reproductive health care services] to facilitate proper use of women's time, should be provided.

8.7. Governments should ensure community participation in health policy planning, especially with respect to the long-term care of the elderly, those with disabilities and those infected with HIV and other endemic diseases. Such participation should also be promoted in child-survival and maternal health programmes, breast-feeding support programmes, programmes for the early detection and treatment of cancer of the reproductive system, and programmes for the prevention of HIV infection and other sexually transmitted diseases.

8.7 bis. All countries should re-examine training curricula and the delegation of responsibilities within the health-care delivery system in order to reduce frequent, unnecessary and costly reliance on physicians and on secondary- and tertiary-care facilities, while maintaining effective referral services. Access

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to health care services for all people and especially for the most underserved and vulnerable groups must be ensured. Governments should seek to make basic health care services more sustainable financially, while ensuring equitable access, by integrating [sexual and reproductive] health services, including maternal and child health and family planning services, and by making appropriate use of community-based services, social marketing and cost-recovery schemes with the aim of increasing the range and quality of services available. The involvement of users and the community in the financial management of health care services should be promoted.

8.7 ter. Through technology transfer, developing countries should be assisted in building their capacity to produce generic drugs for the domestic market and to ensure the wide availability and accessibility of such drugs. To meet the substantial increase in demand for vaccines, antibiotics, and other commodities over the next decade and beyond, the international community should strengthen global, regional and local mechanisms for the production, quality control, and procurement of those items, where feasible, in developing countries. The international community should facilitate regional cooperation in the manufacture, quality control and distribution of vaccines.

8.8. All countries should give priority to measures that improve the quality of life and health by ensuring a safe and sanitary living environment for all population groups through measures aimed at avoiding crowded housing conditions, reducing air pollution, ensuring access to clean water and sanitation, improving waste management, and increasing the safety of the workplace. Special attention should be given to the living conditions of the poor and disadvantaged in urban and rural areas. The impact of environmental problems on health, particularly that of vulnerable groups, should be monitored by Governments on a regular basis.

8.8 big. Reform of the health sector and health policy, including the rational allocation of resources, should be promoted in order to achieve the stated objectives. All Governments should examine ways to maximize the cost-effectiveness of health programmes in order to achieve increased life expectancy, reduce morbidity and mortality and ensure access to basic health care services for all people.

B. Child survival and health

Basis for action

8.9. Important progress has been made in reducing infant and child mortality rates everywhere. Improvements in the survival of children have been the main component of the overall increase in average life expectancy in the world over the past century, first in the developed countries and over the past 50 years in the developing countries. The number of infant deaths (i.e., of children under age 1) per 1,000 live births at the world level declined from 92 in 1970-1975 to about 62 in 1990-1995. For developed regions, the decline was from 22 to 12 infant deaths per 1,000 births, and for developing countries from 105 to 69 infant deaths per 1,000 births. Improvements have been slower in sub-Saharan Africa and in some Asian countries where, during 1990-1995, more than one in

every 10 children born alive will die before their first birthday. The mortality of children under age 5 exhibits significant variations between and within regions and countries. Indigenous peoples generally have higher infant and child mortality rates than the national norm. Poverty, malnutrition, a decline in breast-feeding, inadequacy or lack of sanitation and of health facilities are all factors associated with high infant and child mortality. In some countries, civil unrest and wars have also had major negative impacts on child survival. Unwanted births, child neglect and abuse are also factors contributing to the rise in child mortality. In addition, HIV infection can be transmitted from mother to child before or during childbirth, and young children whose mothers die are at a very high risk of dying themselves at a young age.

8.10. The World Summit for Children, held in 1990, adopted a set of goals for children and development up to the year 2000, including a reduction in infant and under-5 child mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less. These goals are based on the accomplishments of child survival programmes during the 1980s, which demonstrate not only that effective low-cost technologies are available but that they can be delivered efficiently to large populations. However, the morbidity and mortality reductions achieved through extraordinary measures in the 1980s are in danger of being eroded if the broad-based health delivery systems established during the decade are not institutionalized and sustained.

8.11. Child survival is closely linked to the timing, spacing and number of births and to the reproductive health of mothers. Early, late, numerous and closely spaced pregnancies are major contributors to high infant and child mortality and morbidity rates, especially where health-care facilities are scarce. Where infant mortality remains high, couples often have more children than they otherwise would to ensure that a desired number survive.

Objectives

8.12. The objectives are:

- (a) To promote child health and survival and to reduce disparities between and within developed and developing countries as quickly as possible, with particular attention to eliminating the pattern of excess and preventable mortality among girl infants and children;
- (b) To improve the health and nutritional status of infants and children;
- (c) To promote breast-feeding as a child-survival strategy.

Actions

8.13. Over the next 20 years, through international cooperation and national programmes, the gap between average infant and child mortality rates in the developed and the developing regions of the world should be substantially narrowed, and disparities within countries, those between geographical regions, ethnic or cultural groups, and socio-economic groups should be eliminated. Countries with indigenous people should achieve infant and under-5 mortality levels among their indigenous people that are the same as those of the general

population. [Countries should strive to reduce their infant and under-5 mortality rates by one third, or to 50 and 70 per 1,000 live births, respectively, whichever is less, by the year 2000, with appropriate adaptation to the particular situation of each country. By 2005, countries with intermediate mortality levels should aim to achieve an infant mortality rate below 50 deaths per 1,000 and an under-5 mortality rate below 60 deaths per 1,000 births. By 2015 all countries should aim to achieve an infant mortality rate below 35 per 1,000 live births and an under-5 mortality rate below 45 per 1,000. Countries that achieve these levels earlier should strive to lower them further.]

8.14. All Governments should assess the underlying causes of high child mortality and should, within the framework of primary health care, extend integrated reproductive health care and child health services, including safe motherhood, child survival programmes and family planning services, to all the population and particularly to the most vulnerable and underserved groups. Such services should include prenatal care and counselling, with special emphasis on high-risk pregnancies and the prevention of sexually transmitted diseases and HIV infection; adequate delivery assistance; and neonatal care, including exclusive breast-feeding, information on optimal breast-feeding and on proper weaning practices, and the provision of micronutrient supplementation, where appropriate. Interventions to reduce the incidence of low-birth weight and other nutritional deficiencies, such as anaemia, should include the promotion of maternal nutrition through information, education and counselling and the promotion of longer intervals between births. All countries should give priority to efforts to reduce the major childhood diseases, particularly infectious and parasitic diseases, and to prevent malnutrition among children, especially the girl child, through measures aimed at eradicating poverty and ensuring that all children live in a sanitary environment and by disseminating information on hygiene and nutrition. It is also important to provide parents with information and education about child care, including the use of mental and physical stimulation.

8.14 big. In order for infants and children to receive the best nutrition and for specific protection against a range of diseases, breast-feeding should be protected, promoted and supported. By means of legal, economic, practical and emotional support, mothers should be enabled to breast-feed their infants exclusively for 4-6 months, without food or drink supplementation and to continue breast-feeding infants with appropriate and adequate complementary food up to the age of 2 years or beyond. To achieve these goals, Governments should promote public information on the benefits of breast-feeding; health personnel should receive training on the management of breast-feeding; and countries should examine ways and means to implement fully the WHO International Code of Marketing of Breast Milk Substitutes.

C. Women's health and safe motherhood

Basis for action

8.15. Complications related to pregnancy and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the

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developing world. At the global level, it has been estimated that about half a million women die each year of pregnancy-related causes, 99 per cent of them in developing countries. The gap in maternal mortality between developed and developing regions is wide: in 1988, they ranged from over 700 per 100,000 live births in the least developed countries to about 26 per 100,000 live births in the developed regions. Rates of 1,000 or more maternal deaths per 100,000 live births have been reported in several rural areas of Africa, giving women with many pregnancies a high lifetime risk of death during their reproductive years. According to the World Health Organization (WHO), the lifetime risk of dying from pregnancy or childbirth-related causes is 1 in 20 in developing countries, compared to 1 in 10,000 in some developed countries. The age at which women begin or stop child-bearing, the interval between each birth, the total number of lifetime pregnancies and the socio-cultural and economic circumstances in which women live all influence maternal morbidity and mortality. At present, approximately 90 per cent of the countries of the world, representing 96 per cent of the world's population, have policies that permit abortion to save the life of a woman. However, a significant proportion of the abortions carried out are self-induced or otherwise unsafe, leading to a large fraction of maternal deaths or to permanent injury to the women involved. Maternal deaths have very serious consequences within the family, given the crucial role of the mother for her children's health and welfare. The death of the mother increases the risk to the survival of her young children, especially if the family is not able to provide a substitute for the maternal role. Greater attention to the reproductive health needs of female adolescents and young women could prevent the major share of maternal morbidity and mortality through prevention of unwanted pregnancies and any subsequent poorly managed abortion. Safe Motherhood, a notion which does not include the [promotion] of abortion as a method of family planning, has been accepted in many countries as a strategy to reduce maternal morbidity and mortality.

Objective

8.16. The objectives are:

(a) To promote women's health and safe motherhood; to achieve a rapid and substantial reduction in maternal morbidity and mortality and reduce the differences observed between developing and developed countries and within countries. On the basis of a commitment to women's health and well-being, to reduce greatly the number of deaths and morbidity from unsafe abortion;

(b) To improve the health and nutritional status of women, especially of pregnant and nursing women.

Actions

8.17. Countries should strive to effect significant reductions in maternal mortality by the year 2015; [a reduction in maternal mortality by one half of the 1990 levels by the year 2000 and a further one half by 2015. The realization of these goals will have different implications for countries with different 1990 levels of maternal mortality. Countries with intermediate levels of mortality should aim to achieve by the year 2005 a maternal mortality rate below 100 per 100,000 live births and by the year 2015 a maternal mortality rate

below 60 per 100,000 live births. Countries with the highest levels of mortality should aim to achieve by 2005 a maternal mortality rate below 125 per 100,000 live births and by 2015 a maternal mortality rate below 75 per 100,000 live births.] However, all countries should reduce maternal morbidity and mortality to levels where they no longer constitute a public health problem. Disparities in maternal mortality within countries and between geographical regions, socio-economic and ethnic groups should be narrowed.

8.18. All countries, with the support of all sections of the international community, must expand the provision of maternal health services in the context of primary health care. These services, based on the concept of informed choice, should include education on safe motherhood, prenatal care that is focused and effective, maternal nutrition programmes, adequate delivery assistance that avoids excessive recourse to caesarean sections and provides for obstetric emergencies; referral services for pregnancy, childbirth and abortion complications; post-natal care and family planning. All births should be assisted by trained persons, preferably nurses and midwives, but at least by trained birth attendants. The underlying causes of maternal morbidity and mortality should be identified, and attention should be given to the development of strategies to overcome them and for adequate evaluation and monitoring mechanisms to assess the progress being made in reducing maternal mortality and morbidity and to enhance the effectiveness of ongoing programmes. Programmes and education to engage men's support for maternal health and safe motherhood should be developed.

8.19. All countries, especially developing countries, with the support of the international community, should aim at further reductions in maternal mortality through measures to prevent, detect and manage high-risk pregnancies and births, particularly those to adolescents and late-parity women.

8.20. All countries should design and implement special programmes to address the nutritional needs of women of child-bearing age, especially those who are pregnant or breast-feeding, and should give particular attention to the prevention and management of nutritional anaemia and iodine-deficiency disorders. Priority should be accorded to improving the nutritional and health status of young women through education and training as part of maternal health and safe motherhood programmes. Adolescent females and males should be provided with information, education and counselling to help them delay early marriage and unions, premature sexual activity and first pregnancy.

8.21. All Governments, intergovernmental organizations and relevant non-governmental organizations are urged to deal openly and forthrightly with [unsafe abortion] as a major public health concern. Particular efforts should be made to obtain objective and reliable information on the policies on, incidence of and consequences of abortion in every country. Unwanted pregnancies should be prevented through sexual health education and through expanded and improved family planning services, including proper counselling to reduce the rate of abortion. Governments are urged to assess the health and social impact of induced abortion, to address the situations that cause women to have recourse to abortion and to provide adequate medical care and counselling. [Governments are urged to evaluate and review laws and policies on abortion so that they take into account the commitment to women's health and well-being in

accordance with local situations, rather than relying on criminal codes or punitive measures. Although the main objective of public policy is to prevent unwanted pregnancies and reduce the rate of abortion, women should have ready access to quality health care services that include reliable information, counselling and medical care to enable them to terminate pregnancies in those cases where it is allowed by law, if they so decide, and that provide for the management of complications and sequelae of unsafe abortion.] Post-abortion counselling, education and family planning services should be offered promptly so as to prevent repeat abortions.

8.22. Programmes to reduce maternal morbidity and mortality should include information and [reproductive health services], including family planning services. In order to reduce high-risk pregnancies, maternal health and safe motherhood programmes should include counselling and family planning information.

8.23. All countries, as a matter of some urgency, need to seek changes in high-risk sexual behaviour and devise strategies to ensure that men share responsibility for sexual and reproductive health, including family planning, and for preventing and controlling sexually transmitted diseases, HIV infection and AIDS.

D. Human immunodeficiency virus (HIV) infection and
acquired immune deficiency syndrome (AIDS)

Basis for action

8.24. The AIDS pandemic is a major concern in both developed and developing countries. WHO estimates that the cumulative number of AIDS cases in the world amounted to 2.5 million persons by mid 1993 and that over 14 million people had been infected with HIV since the pandemic began, a number that is projected to rise to between 30 million and 40 million by the end of the decade, if effective prevention strategies are not pursued. As of mid 1993, about four fifths of all persons ever infected with HIV lived in developing countries where the infection was being transmitted mainly through heterosexual intercourse and the number of new cases was rising most rapidly among women. As a consequence, a growing number of children are becoming orphans, themselves at high risk of illness and death. In many countries, the pandemic is now spreading from urban to rural areas and between rural areas and is affecting economic and agricultural production.

Objective

8.25. The objectives are:

(a) To prevent, reduce the spread of and minimize the impact of HIV infection. To increase awareness of the disastrous consequences of HIV infection and AIDS and associated fatal diseases, at the individual, community and national levels, and of the ways of preventing it. To address the social, economic, gender and racial inequities that increase vulnerability to the disease;

(b) To ensure that HIV-infected individuals have adequate medical care and are not discriminated against. To provide counselling and other support for people infected with HIV and to alleviate the suffering of people living with AIDS and that of their family members, especially orphans. To ensure that the individual rights and the confidentiality of persons infected with HIV are respected. To ensure that sexual and reproductive health programmes address HIV infection and AIDS;

(c) To intensify research on methods to control the HIV/AIDS pandemic and to find an effective treatment for the disease.

Actions

8.26. Governments should assess the demographic and development impact of HIV infection and AIDS. The AIDS pandemic should be controlled through a multisectoral approach that pays sufficient attention to its socio-economic ramifications, including the heavy burden on health infrastructure and household income, its negative impact on the labour force and productivity, and the increasing number of orphaned children. Multisectoral national plans and strategies to deal with AIDS should be integrated into population and development strategies. The socio-economic factors underlying the spread of HIV infection should be investigated, and programmes to address the problems faced by those left orphaned by the AIDS pandemic should be developed.

8.27. Programmes to reduce the spread of HIV infection should give high priority to information, education and communication campaigns to raise awareness and emphasize behavioural change. Sex education and information should be provided to both those infected and those not infected, and especially to adolescents. Health providers, including family planning providers, need training in counselling on sexually transmitted diseases and HIV infection, including the assessment and identification of high-risk behaviours needing special attention and services; training in the promotion of safe and responsible sexual behaviour, including voluntary abstinence and [condom use]; training in the avoidance of contaminated equipment and blood products; and in the avoidance of sharing needles among intravenous drug users. Governments should develop guidelines and counselling services on AIDS and sexually transmitted diseases within the primary health care services. Wherever possible, reproductive health programmes, including family planning programmes, should include facilities for the diagnosis and treatment of common sexually transmitted diseases, including reproductive tract infection, recognizing that many sexually transmitted diseases increase the risk of HIV transmission. The links between the prevention of HIV infection and the prevention and treatment of tuberculosis should be assured.

8.28. Governments should mobilize all segments of society to control the AIDS pandemic, including non-governmental organizations, community organizations, religious leaders, the private sector, the media, schools and health facilities. Mobilization at the family and community levels should be given priority. Communities need to develop strategies that respond to local perceptions of the priority accorded to health issues associated with the spread of HIV and sexually transmitted diseases.

8.28 big. The international community should mobilize the human and financial resources required to reduce the rate of transmission of HIV infection. To that end, research on a broad range of approaches to prevent HIV transmission and to seek a cure for the disease should be promoted and supported by all countries. In particular, donor and research communities should support and strengthen current efforts to find a vaccine and to develop women-controlled methods, such as spermicides with microbicidal effects, to prevent HIV infection. Increased support is also needed for the treatment and care of HIV-infected persons and AIDS patients. The coordination of activities to combat the AIDS pandemic must be enhanced. Particular attention should be given to activities of the United Nations system at the national level, where measures such as joint programmes can improve coordination and ensure a more efficient use of scarce resources. The international community should also mobilize its efforts in monitoring and evaluating the results of various efforts to search for new strategies.

8.28 ter. Governments should develop policies and guidelines to protect the individual rights of and eliminate discrimination against persons infected with HIV and their families. Services to detect HIV infection should be strengthened, making sure that they ensure confidentiality. Special programmes should be devised to provide care and the necessary emotional support to men and women affected by AIDS and to counsel their families and near relations.

8.29. Responsible sexual behaviour, [in particular/including] voluntary sexual abstinence, for the prevention of HIV infection should be promoted and included in education and information programmes. Condoms and drugs for the treatment of sexually transmitted diseases should be made widely available and affordable and should be included in all essential drug lists. Effective action should be taken to further control the quality of blood products and equipment decontamination.



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Interrelationships between population, sustained economic
growth and sustainable development

(Chapter III of the draft programme of action
of the Conference)

Text submitted by the Vice-Chairman (Mr. Lionel Hurst (Antigua
and Barbuda)) (Working Group I) on the basis of negotiations
held on document A/CONF.171/PC/5

Chapter III

INTERRELATIONSHIPS BETWEEN POPULATION, SUSTAINED ECONOMIC GROWTH AND SUSTAINABLE DEVELOPMENT

A. [Integrating population and development strategies]

Basis for action

3.1. The everyday activities of all human beings, communities and countries are interrelated with population change, patterns and levels of use of natural resources, the state of the environment, and the pace and quality of economic and social development. There is general agreement that persistent widespread poverty as well as serious social and gender inequities have significant influences on, and are in turn influenced by, demographic parameters such as population growth, structure and distribution. There is also general agreement that unsustainable consumption and production patterns are contributing to the unsustainable use of natural resources and environmental degradation as well as to the reinforcement of social inequities and of poverty with the above-mentioned consequences for demographic parameters. The Rio Declaration on Environment and Development and Agenda 21, adopted by the international community at the United Nations Conference on Environment and Development, call for patterns of development that reflect the new understanding of these and other intersectoral linkages. Recognizing the longer-term realities and implications of current actions, the development challenge is to meet the needs of present generations and improve their quality of life without compromising the ability of future generations to meet their own needs.

3.2. Despite recent declines in birth rates in many countries, further large increases in population size are inevitable. Owing to the youthful age structure, for numerous countries the coming decades will bring substantial population increases in absolute numbers. Population movements within and between countries, including the very rapid growth of cities and the unbalanced regional distribution of population, will continue and increase in the future.

3.3. Sustainable development implies, inter alia, long-term sustainability in production and consumption relating to all economic activities including industry, energy, agriculture, forestry, fisheries, transport, tourism and infrastructure in order to optimize ecologically sound resource use and minimize waste. Macroeconomic and sectoral policies have, however, rarely given due attention to population considerations. Explicitly integrating population into economic and development strategies will both speed up the pace of sustainable development and poverty alleviation and contribute to the achievement of population objectives and an improved quality of life of the population.

Objectives

3.4. The objectives are to fully integrate population concerns into:

(a) Development strategies, planning, decision-making, and resource allocation at all levels and in all regions with the goal of meeting the needs, and improving the quality of life, of present and future generations;

(b) All aspects of development planning in order to promote social justice and to eradicate poverty through sustained economic growth in the context of sustainable development.

Actions

3.5. At the international, regional, national and local levels, population issues should be integrated into the formulation, implementation, monitoring and evaluation of all policies and programmes relating to sustainable development. Development strategies must realistically reflect both the short-, medium- and long-term implications of, and consequences for, population dynamics as well as patterns of production and consumption.

3.6. Governments, international agencies, non-governmental organizations and other concerned parties should undertake timely and periodic reviews of their development strategies, with the aim of assessing progress towards integrating population into development and environment programmes that take into account patterns of production and consumption and seek to bring about population trends consistent with the achievement of sustainable development and the improvement of the quality of life.

3.7. Governments should establish the requisite internal institutional mechanisms and enabling environment, at all levels of society, to ensure that population factors are appropriately addressed within the decision-making and administrative processes of all relevant government agencies responsible for economic, environmental and social policies and programmes.

3.8. Political commitment to integrated population and development strategies should be strengthened by public education and information programmes and by increased resource allocation through cooperation among Governments, non-governmental organizations and the private sector, and by improvement of the knowledge base through research and national and local capacity-building.

3.8. big To achieve sustainable development and a higher quality of life for all people, Governments should reduce and eliminate unsustainable patterns of production and consumption and promote appropriate demographic policies. Developed countries should take the lead in achieving sustainable consumption patterns and effective waste management.

B. [Population, sustained economic growth and poverty]

Basis for action

3.8. ter Population policies should take into account, as appropriate, development strategies agreed upon in multilateral forums, in particular the International Development Strategy for the Fourth United Nations Development Decade, 1/ the Programme of Action for the Least Developed Countries for the

1/ General Assembly resolution 45/199, annex

1990s, 2/ the outcomes of the eighth session of the United Nations Conference on Trade and Development, and of the Uruguay round of multilateral trade negotiations, Agenda 21 and the United Nations New Agenda for the Development of Africa in the 1990s. 3/

3.9. Gains recorded in recent years in such indicators as life expectancy and national product, while significant and encouraging, do not, unfortunately, fully reflect the realities of life of hundreds of millions of men, women, adolescents and children. Despite decades of development efforts, both the gap between rich and poor nations, and the inequalities within nations, have widened. Serious economic, social, gender and other inequities persist and hamper efforts to improve the quality of life for hundreds of millions of people. The number of people living in poverty stands at approximately 1 billion and continues to mount.

3.9. bis All countries, more especially developing countries where almost all of the future growth of the world population will occur, and countries with economies in transition, face increasing difficulties in improving the quality of life of their people in a sustainable manner. Many developing countries and countries with economies in transition face major development obstacles, among which are those related to the persistence of trade imbalances, the slow-down in the world economy, the persistence of the debt-servicing problem, and the need for technologies and external assistance. The achievement of sustainable development and poverty eradication should be supported by macroeconomic policies designed to provide an appropriate international economic environment, as well as by good governance, effective national policies and efficient national institutions.

3.10. Widespread poverty remains the major challenge to development efforts. Poverty is often accompanied by unemployment, malnutrition, illiteracy, low status of women, exposure to environmental risks and limited access to social and health services, [including reproductive health services and family planning]. All these factors contribute to high levels of fertility, morbidity, and mortality, as well as to low economic productivity. Poverty is also closely related to inappropriate spatial distribution of population, to unsustainable use and inequitable distribution of such natural resources as land and water, and to serious environmental degradation.

3.10. bis Efforts to slow down population growth, to reduce poverty, to achieve economic progress, to improve environmental protection, and to reduce unsustainable consumption and production patterns are mutually reinforcing. Slower population growth has in many countries bought more time to adjust to future population increases. This has increased those countries' ability to attack poverty, protect and repair the environment, and build the base for future sustainable development. Even the difference of a single decade in the transition to stabilization levels of fertility can have a considerable positive impact on quality of life.

2/ See Report of the Second United Nations Conference on the Least Developed Countries, Paris, 3-14 September 1990 (A/CONF.147/18), part one.

3/ General Assembly resolution 46/151, annex, sect. II.

3.11. Sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization. Investments in fields important to the eradication of poverty, such as basic education, sanitation, drinking water, housing, adequate food supply and infrastructure for rapidly growing populations, continue to strain already weak economies and limit development options. The unusually high number of young people, a consequence of high fertility rates, requires that productive jobs be created for a continually growing labour force under conditions of already widespread unemployment. The numbers of elderly requiring public support will also increase rapidly in the future. Sustained economic growth in the context of sustainable development will be necessary to accommodate these pressures.

3.12. (merge with 3.9. bis)

Objective

3.13. [The objective is to raise the quality of life for all people through adequate population and development policies and programmes aimed at achieving sustained economic growth in the context of sustainable development and sustainable patterns of consumption and production, poverty eradication, human resource development, the right to development and the guarantee of human rights.] As women are generally the poorest of the poor and at the same time key actors in the development process, eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty, promoting sustained economic growth in the context of sustainable development, ensuring quality family planning and reproductive health services, and achieving balance between population and available resources and sustainable patterns of consumption and production.

Actions

3.14. (now 3.10. bis)

3.15. Investment in human resource development, in accordance with national policy, must be given priority in population, and development strategies and budgets, at all levels, with programmes specifically directed at increased access to information, education, skill development, employment opportunities, both formal and informal, and high-quality general[, and sexual and reproductive] health services[, including family planning services], through the promotion of sustained economic growth in developing countries and countries with economies in transition.

3.16. (now 3.39)

3.17. Existing inequities and barriers to women in the workforce should be eliminated and women's participation in all policy-making and implementation, as well as their access to productive resources, and ownership of land, and their right to inherit property should be promoted and strengthened. Governments, non-governmental organizations and the private sector should invest in, promote, monitor, and evaluate the education and skill development of women and girls and the legal and economic rights of women, and in all aspects of [reproductive and sexual] health, [including family planning], in order to enable them to

effectively contribute to and benefit from economic growth and sustainable development.

3.18. High priority should be given by Governments, non-governmental organizations and the private sector to meeting the needs, and increasing the opportunities for information, education, jobs, skill development and [reproductive health services.], of all underserved members of society. 4/

3.18. big Measures should be taken to strengthen food, nutrition and agricultural policies and programmes, and fair trade relations, with special attention to the creation and strengthening of food security at all levels.

3.19. Job creation in the industrial, agricultural and service sectors should be facilitated by Governments and the private sector through the establishment of more favourable climates for expanded trade and investment [on an environmentally sound basis. This will require creating and sustaining democratic institutions, good governance and transparency, curtailing corruption, and redirecting domestic budget priorities to the social sectors and human resource development.] Special efforts should be made to create productive jobs through policies promoting efficient, and where required, labour-intensive industries, and transfer of modern technologies.

3.20. [The international community should continue to promote a supportive economic environment, particularly for developing countries and countries with economies in transition in their attempt to achieve sustained economic growth and eradicate poverty. Efforts should be particularly addressed to further liberalizing trade policies, ameliorating the terms of trade of developing countries, reducing the debt burden, providing financial assistance, including the promotion of foreign direct investment as well as new and additional financial resources on preferential grant and concessional terms, and access to technologies, and ensuring that structural adjustment programmes are so designed and implemented as to be responsive to social and environmental concerns.]

C. Population and environment

Basis for action

3.21. At the United Nations Conference on Environment and Development, the international community agreed on objectives and actions aimed at integrating environment and development which were included in Agenda 21 and other international environmental agreements. Agenda 21 has been conceived as a response to the major environment and development challenges, including the economic and social dimensions of sustainable development, such as poverty, consumption, demographic dynamics, human health and human settlement, and to a broad range of environmental and natural resource concerns. Agenda 21 leaves to the International Conference on Population and Development further consideration of the interrelationships between population and the environment.

4/ Children, adolescents, women, the aged, the disabled, indigenous peoples, rural populations, urban populations, migrants, refugees, displaced persons and slum-dwellers.

3.22. Meeting the basic human needs of growing populations is dependent on a healthy environment. These human dimensions need to be given attention in developing comprehensive policies for sustainable development in the context of population growth.

3.23. Demographic factors, combined with poverty and lack of access to resources in some areas, and excessive consumption and wasteful production patterns in others, cause or exacerbate problems of environmental degradation and resource depletion and thus inhibit sustainable development.

3.24. Pressure on the environment may result from rapid population growth, distribution and migration, especially in ecologically vulnerable ecosystems. Urbanization and policies that do not recognize the need for rural development also create environmental problems.

3.25. Implementation of effective population policies in the context of sustainable development[, including reproductive health and family planning programmes,] require new forms of participation by various actors at all levels in the policy-making process.

Objectives

3.26. Consistent with Agenda 21, the objectives are:

(a) To ensure that population, environmental and poverty eradication factors are integrated in sustainable development policies, plans and programmes;

(b) To reduce both unsustainable consumption and production patterns as well as negative impacts of demographic factors on the environment in order to meet the needs of current generations without compromising the ability of future generations to meet their own needs.

Actions

3.27. Governments at the appropriate level, with the support of the international community and regional and subregional organizations, should formulate and implement population policies and programmes to support the objectives and actions agreed upon in Agenda 21 and other international environmental agreements, taking into account the common but differentiated responsibilities reflected in those agreements. Consistent with the framework and priorities set forth in Agenda 21, the following actions, inter alia, are recommended to help achieve population and environment integration:

(a) Integrate demographic factors into environment impact assessments and other planning and decision-making processes aimed at achieving sustainable development;

(b) Take measures aimed at the eradication of poverty, with special attention to income generation and employment strategies directed at the rural poor and those living within or on the edge of fragile ecosystems;

(c) Utilize demographic data to promote sustainable resource management, especially of ecologically fragile systems;

(d) Modify unsustainable consumption and production patterns through economic, legislative and administrative measures, as appropriate, aimed at fostering sustainable resource use and preventing environmental degradation;

(e) Implement policies to address the ecological implications of inevitable future increases in population numbers and changes in concentration and distribution, particularly in ecologically vulnerable areas and urban agglomerations.

3.28. Measures should be taken to enhance the full participation of all relevant groups, especially women, at all levels of population and environmental decision-making to achieve sustainable management of natural resources.

3.29. Research should be undertaken on the linkages among population, consumption and production, the environment and natural resources, and human health as a guide to effective sustainable development policies.

3.30. Governments, non-governmental organizations and the private sector should promote public awareness and understanding for the implementation of the above-mentioned actions.

[D. Population, education and sustainable development]

Basis for action

3.31. In the last 20 years, the world has experienced a rise in educational levels. Although the differences in educational attainment between males and females have shrunk, 75 per cent of illiterate persons in the world are women. Flaws in basic education and in the literacy of adults continue to inhibit the development process in every area. The world community has a special responsibility to ensure that all children receive an education of improved quality and that they complete primary school. Education is an indispensable tool for the improvement of the quality of life. However, it is more difficult to meet educational needs when there is rapid population growth.

3.32. Education is a key factor in sustainable development: it is at the same time a component of well-being and a factor in the development of well-being through its links with demographic as well as economic and social factors. Education is also a means to enable the individual to gain access to knowledge, which is a precondition for coping, by anyone wishing to do so, with today's complex world. The reduction of fertility and mortality rates, the empowerment of women, the improvement in the quality of the working population and the promotion of genuine political democracy are largely assisted by progress in education. The integration of migrants is also facilitated by universal access to education.

3.33. The relationship between education and demographic and social changes is one of interdependence. The relationships among education, marriage age, fertility, mortality, mobility and activity are complex. The increase in the

education of women and girls contributes to greater empowerment of women, to a postponement of the age of marriage and to a reduction in the size of families. When mothers are better educated, their children's survival rate tends to increase. Broader access to education is also a factor in internal migration and the make-up of the working population.

3.34. The education and training of young people prepare them for professional life. It is on the content and nature of the training received that the prospects of first-time job seekers and their mid-career retraining possibilities depend. Discrepancies between the educational system and the production system lead to graduate unemployment, a devaluing of qualifications and, in some cases, an exodus of qualified people. It is therefore essential to promote a good adaptation of the education system to the economic and social systems, and vice versa.

Objectives

3.35. The objectives are:

(a) To achieve universal access to quality education, with particular priority being given to primary education, to combat illiteracy and to eliminate gender disparities in educational access and support;

(b) To improve the content of the curriculum so as to promote greater awareness on health issues, including reproductive and sexual health, and gender equity as well as the interrelationships between population and sustainable development.

Actions

3.36. (former 3.16) The eradication of illiteracy is one of the prerequisites of human development. All countries should consolidate the progress made in the 1990s towards providing universal access to primary education, as agreed upon at the World Conference on Education for All, held in Jomtien, Thailand, in 1990, notably in ensuring universal access to primary education. All countries should further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and in any case before the year 2015. Attention should also be given to the quality and type of education. Countries that will have achieved the goal of universal primary education [sooner] are urged to extend education to, and facilitate access to and completion of education at, secondary school levels.

3.37. Investments in education and job training should be given high priority in development budgets at all levels.

3.38. (former 4.20) Countries should take affirmative steps to keep girls in school at least through early adolescence, by building more community schools, training more female teachers, and by providing scholarships or, where essential, other monetary incentives that help compensate parents for the loss of girls' labour, all with the aim of closing the gender gap in secondary school education by the year 2015. Countries should also supplement those efforts by making full use of non-formal and other appropriate education opportunities.

3.39. (former 11.14) To be most effective, education about population issues must begin in primary school and continue through all levels of formal and non-formal education. Where such programmes already exist, curricula should be reviewed, updated and broadened with a view to ensuring adequate coverage of important concerns such as gender sensitivity, reproductive choices and responsibilities, and sexually transmitted diseases, including human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). To ensure acceptance of population education programmes by the community, population education projects should emphasize consultation with parents and community leaders.)
